

- B. Have experience working with juvenile justice children receiving community services. This includes experience in service planning and coordinating and linking needed community resources.
- C. Ensure each child accesses appropriate services as agreed upon in the Service Plan and have the cooperation of other service agencies in order for effective interventions and successful outcomes to occur.
- D. Develop alternative plans for services should the child's response to the original plan not provide sufficient intervention.
- E. Monitor service provision ensuring an appropriate continuum of interventions/services which may include contact with law enforcement, Family Court and a full array of community based residential and other treatment options.
- F. Establish and maintain a referral process consistent with Section 1902 (a) (23), freedom of choice of provider.
- G. Establish and maintain a quality assurance process which ensures a quality case management program and that the services delivered are appropriate to meet individual needs.
- H. Establish and maintain a financial management system which provides documentation of services and costs.
- I. Establish and maintain case management records in accordance with state and federal policies and regulations.

Individual case managers must meet the following minimum qualifications:

1. Hold a college degree in the field of social science or an equivalent degree from an accredited university or college;

AND

2. Complete training in a case management curriculum approved by the State Health and Human Services Finance Commission.

Required credentials for a Case Manager Assistant will include no less than a high school diploma or GED, and skills/competencies sufficient to perform assigned tasks or the capacity to acquire those skills/competencies.

F. Free Choice of Providers:

All children meeting the target population criteria and eligible for Medicaid and who are associated with the juvenile justice system will be eligible to receive these case management services.

The state assures the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of case managers and the freedom to switch case managers if and when they desire.
 2. Eligible recipients will have free choice of providers of other medical care under the state plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. Monitoring services will ensure that inappropriate duplication does not exist.

19. CASE MANAGEMENT - ADULT PROTECTIVE SERVICES

Under the authority of Section 1915(g)(1) of the Social Security Act, Case Management Services will be covered without regard to the requirement of Section 1902(a)(10)(B) of the Act and will be targeted to specific population groups.

- A. Coverage is limited to vulnerable adults in need of protective services due to abuse or neglect or exploitation or to protect an incapacitated person from him/herself and from others due to developmental disability, senility or other like incapacities.

1. A vulnerable adult is eligible for case management service if:
 - a. The person who needs or believes s/he needs protective service seeks such services;
 - b. An interested person requests services on behalf of a person in need of services;
 - c. The Department of Social Services determines the person who is the subject of a report is in need of protective services; or
 - d. The court requests such services.
2. Definitions relative to these services as defined in Section 43, Chapter 35- "Omnibus Adult Protective Act" of 1993.
 - a. "Protective Services" means those services whose objective is to protect a vulnerable adult from harm caused by the vulnerable adult or another person.
 - b. "Vulnerable adult" means a person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection. This includes a person who is impaired in the ability to adequately provide for the person's own care or protection because of the infirmities of aging including, but not limited to, organic brain damage, advanced age, and physical, mental or emotional dysfunction.

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- c. Physical Abuse, as defined in Section 43-35-10, means intentionally inflicting or allowing to be inflicted physical injury on a vulnerable adult by an act or failure to act.
- d. "Neglect means the failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health, safety, shelter, supervision, and medical services. Neglect may be repeated conduct or a single incident which has produced or can be proven to result in serious physical or psychological harm or substantial risk of death.
- e. "Exploitation" means an unjust or improper use of another person for one's own profit or advantage.

- B. See pre-print page, Supplement 1 to Attachment 3.1-A, Page 1 (1).
- C. See pre-print page, Supplement 1 to Attachment 3.1-A, Page 1 (1).
- D. Definition of Services:

Case management services are defined as those services which will assist individuals eligible under the Plan in gaining access to needed medical, social, educational and other services. The core elements of the case management services are described as follows:

A comprehensive needs assessment will be completed by the case manager which identifies the service needs of the adult. A service plan will also be developed to assist the case manager in a) making needed referrals; b) assuring access to services; and c) providing follow-up to ensure that recommended services are accessed. The service plan will be developed with input received from the client, the family (if appropriate), significant others, and involved service/treatment providers. On-going monitorship and follow-up of the plan (face-to-face contacts and telephone contacts) will be rendered to a) assure that the plan is being followed, b) identify whether progress is being achieved on plan objectives and if not, to make needed revisions to the plan, and c) to ensure that services are coordinated with the active participants in the adult's life.

Case management services will enable the target population to have timely access to the services and programs which can best meet their individual needs. Case management will provide a quick response to issues that need immediate attention through timely and appropriate referrals. A referral mechanism will exist as an integral aspect of the service as will the process for follow-up monitoring.

The service plan will be updated as needed, but at a minimum, annually. Case management services will be appropriately documented in the client record.

E. Qualification of Providers

Provider must:

- A. Provide all core elements of case management services including:

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1. Comprehensive needs assessment which addresses client service needs.
 2. Comprehensive service plan development.
 3. Linking/coordination of services to meet individual needs. Only Medicaid eligible recipients that fall within the target population will receive services.
 4. Reassessment of client status and needs/follow-up;
 5. Crisis assessment and referral. Contact with family, guardian, or others to assess the current situation and need for emergency/alternative service provision; contact with client to assess service needs; and making referrals to an appropriate emergency provider.
 6. Assuring access to needed services and that services are coordinated to meet identified needs while the adult is in the care and custody of the state, arranging the necessary support services, and assuring that out-of-home placement(s) meets the adult's needs.
- B. Have experience working with abused and neglected adults.
- C. Have experience in service planning and meeting the service needs of vulnerable adults.
- D. Have experience in coordinating and linking community resources required by vulnerable adults.
- E. Establish and maintain a referral process consistent with Section 1902(a)(23), freedom of choice of provider.
- F. Establish and maintain case management records in accordance with state and federal policies and regulations.
- G. Establish and maintain a quality assurance process which ensures a quality case management program and that the services delivered are appropriate to meet individual needs.
- H. Establish and maintain a financial management system which provides documentation of services and costs.

Regular program quality assurance reviews will be conducted to determine whether Adult Protective Services programs have maintained the established program standards.

Individual case managers must meet the following minimum qualifications:

1. A Bachelor of Arts or a Bachelor of Science degree, preferably in a human services field;

OR

2. Four years of professional social service or case management experience, and be licensed as a social worker by the state of South Carolina Board of Social Work examiners or meet provider qualifications under the grandparenting clause;

AND

3. Complete training in a case management curriculum approved by the South Carolina Department of Health and Human Services.

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Required credentials for a Case Manager Assistant will include no less than a high school diploma or GED, and skills/competencies sufficient to perform assigned tasks or the capacity to acquire those skills/competencies.

F. Free Choice of Providers

All adults eligible for Medicaid and the subject of an abuse or neglect report referred to the South Carolina Department of Social Services will be eligible to receive these case management services.

The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of case managers and the freedom to switch case managers if and when they desire.
2. Eligible recipients will have free choice of providers of other medical care under the state plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. Services for clients who are insured by a third party payor which covers the cost of case management will be reimbursed by the third party payor. Title XIX funds will be used when a client has no third party coverage and is eligible for Medicaid. The few remaining clients will have their case management services funded by Social Services Block Grant or state funds.

2. Service Planning

A plan for locating, coordinating and monitoring services and resource utilization shall be developed for each patient. The service plan lists problems and specifies a plan of action to address the problems. The service plan shall be developed jointly with the patient and discussed by the case manager to ensure understanding of the plan and gain commitment to carrying it out. As needs and circumstances change during the course of the pregnancy, the plan shall be updated appropriately. The service plan provides detail as to what needs to be done, by whom, develops time tables and provides the foundation for the case manager's follow-up and monitoring activities. This way the assessed problems can be approached with a logical strategy. This organized approach meets the patient's assessed needs and utilizes established community resources without duplication of services.

Pregnant women who are assessed (see 8z-1) as low risk and without need of case management shall receive no further case management services unless there is a change in status.

3. Monitoring and Case Consultation

Progress toward accomplishing the service plan shall be assessed on a periodic basis. Frequency monitoring and follow-up activities shall depend on the number and complexity of problems, the availability of services within the community, counseling and education needed and the patient's ability to follow the service plan. At a minimum, monitoring shall take place on a monthly basis for each patient.

In addition to direct patient contacts, monitoring and consultation activities also include telephone calls, sending letters, review of clinical records, contacting family members and significant others and coordinating care with other service providers.

If, in the course of monitoring and case consultation the patient misses a prenatal appointment, the case manager shall make contact with the patient to determine why the appointment was not kept and schedule another appointment. The case manager shall also attempt to alleviate the cause of the missed appointment.

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4. Case Management Related Travel

Case managers shall be reimbursed for time spent traveling to and from the provision of case management services (eg. service planning, monitoring and case consultation, etc.). Reimbursement for such travel shall be on a fee for service basis (15 minute increments). The rate will be calculated by dividing average salary costs by the average number of annual hours worked. Documentation will include travel time, number of miles, purpose of travel, name of patient and medicaid number.

D. QUALIFICATION OF PROVIDERS:

1. Enrollment will be accomplished in accordance with section 1902 (a) (23) of the act. enrollment is open to all providers who can meet the following requirements:
 - Must have qualified case manager(s) and the capacity to provide the full range of perinatal case management services.
 - Must meet applicable state and federal laws governing the participation of providers in the Medicaid program.
 - Must have demonstrated direct experience in the delivery of maternal and child health services (i.e., prenatal, family planning, immunization, EPSDT and WIC services).
 - Must have a demonstrated ability to provide to coordinate pregnancy related health and human services.
 - Case management staff must complete training approved by the SHHSFC before becoming a qualified provider for perinatal case management.
 - In order to avoid duplication of services and to promote effective communication level networking, case management providers must have a current memorandum of understanding with the SHHSFC.

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2. Free Choice of Providers

All special needs Medicaid pregnant women and their infants in Richland, Sumter, Florence, and Spartanburg Counties will be eligible to receive case management services up to one year after delivery.

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

- Eligible recipients will have free choice of case managers and the right to change or terminate case managers if and when they desire.
- Eligible recipients will have free choice of providers of other medical care under the State Plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times.

19. CASE MANAGEMENT - Limitations

Under the authority of Section 1915(g)(1) of the Social Security Act, Case Management Services will be covered without regard to the requirement of Section 1902(a)(10)(B) of the Act and will be targeted to specific population groups.

A. Coverage is limited to foster children who are in the care, custody, or control of the state or receiving state agency or of an agency in another state and placed in South Carolina. This population consists of children age 0-21 who are placed (in the community) outside of the home due to abuse, neglect, or other conditions which contribute to a child's physical, emotional, and/or social deterioration. These children are in the care, custody, or control of the State of South Carolina due to:

1. The judicial or legally sanctioned determination that the child must be protected by the State as dependent or a child in need of supervision as determined by the Family Court of South Carolina; or
2. The judicial determination or statutory authorized action by the State to protect the child from actual or potential abuse/neglect under the South Carolina Children's Code, Section 20-7-610 and Section 20-7-736, or other statute; or
3. The voluntary placement agreement, or an agreement for foster care, between the State and the child's parent(s), custodian(s), or guardian; or
4. Children placed in South Carolina pursuant to the Inter-State Compact for Children who are placed by an Agency from another state.

In addition, children under the age of 21 who are receiving post-adoption services under the auspices of an Adoption Agreement will be eligible to receive case management services.

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Case management services are provided to all children (Medicaid as well as non-Medicaid eligible) in the target population. Payment sources will be Medicaid, third party payors which reimburse for case management services, and Title IV-B. Services for children who are insured by a third party payor which covers the cost of case management will be reimbursed by the third party payor. Title XIX funds will be used when a child has no third party coverage and is eligible for Medicaid. The remaining children will have their case management services funded by Title IV-B.

- B. See pre-print page, Supplement 1 to Attachment 3.1-A, Page 1.
- C. See pre-print page, Supplement 1 to Attachment 3.1-A, Page 1.
- D. Definition of Services:

Case management services are defined as those services which will assist individuals eligible under the Plan in gaining access to needed medical, social, educational, and other services. The core elements of the case management services are described as follows:

A comprehensive needs assessment will be completed by the case manager which identifies the service needs of the child. A service plan will also be developed to assist the case manager in a) making needed referrals; b) assuring access to services; and c) providing follow-up to ensure that recommended services are accessed. The service plan will be developed with input received from the client as age appropriate, the family, significant others, and involved service/treatment providers. On-going monitorship and follow-up of the plan (face-to-face contacts and telephone contacts) will be rendered to a) assure that the plan is being followed, b) identify whether progress is being achieved on plan objectives and if not, to make needed revisions to the plan, and c) to ensure that services are coordinated with the active participants in the child's life.

Case management services will enable the target population to have timely access to the services and programs which can best meet their individual needs. Case management will provide a quick response to issues that need immediate attention through timely and appropriate referrals. A referral mechanism will exist as an integral aspect of the service as will the process for follow-up monitoring.

The service plan will be updated as needed, but at a minimum, annually. Case management services will be appropriately documented in the client record.

E. Qualification of Providers

Providers must:

- A. Provide all core elements of case management services including:
 - 1. Comprehensive needs assessment which addresses client service needs.
 - 2. Comprehensive service plan development.

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3. Linking/coordination of services to meet individual, and as appropriate, family needs. Only Medicaid eligible recipients that fall within the target population will receive services.
 4. Reassessment of client status and needs/follow-up;
 5. Crisis assessment and referral. Contact with family, guardian, or others to assess the current situation and need for emergency/alternative service provision; contact with client to assess service needs; and making referrals to an appropriate emergency provider.
 6. Assuring access to needed services and that services are coordinated to meet identified needs while the child is in the care and custody of the state, arranging the necessary support services to reunite the child with the family, and assuring that out-of-home placement(s) meets the child's needs.
- B. Have experience working with abused and neglected children in out-of-home placements.
 - C. Have experience in service planning and meeting the service needs of foster children.
 - D. Have experience in coordinating and linking community resources required by children in foster care.
 - E. Establish and maintain a referral process consistent with Section 1902 (a) (23), freedom of choice of provider.
 - F. Establish and maintain case management records in accordance with state and federal policies and regulations.
 - G. Establish and maintain a quality assurance process which ensures a quality case management program and that the services delivered are appropriate to meet individual needs.
 - H. Establish and maintain a financial management system which provides documentation of services and costs.

Case management provider entities must be certified (by a provider review team responsible to the Medicaid agency) as a Medicaid case management provider and must maintain that certification. Provider certification will consist of an audit of a random sample of case management records to review compliance with Medicaid policy. Each case management provider will be subject to an initial certification audit with post-certification monitoring reviews conducted periodically to ensure continued qualification as a Medicaid provider. If a case management provider fails to receive or maintain certification, the provider may not bill Medicaid until such time as a corrective action plan is implemented and certification is granted.

Individual case managers must meet the following minimum qualifications:

1. A Bachelor of Arts or a Bachelor of Science degree, preferably in a human services field;

OR

2. Four years of professional social service or case management experience, and be licensed as a social worker by the state of South Carolina Board of Social Work examiners or meet provider qualifications under the grandfathering clause;

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